



Memphis Shelby County Health Department  
Pollution Control Section  
814 Jefferson Avenue  
Memphis, TN 38105



**For Office Use Only**

Notification Date \_\_\_\_\_

Notification # \_\_\_\_\_

Date \_\_\_\_\_

Postmark \_\_\_\_\_

Received \_\_\_\_\_

**COURTESY NOTIFICATION FOR ASBESTOS REMOVAL**

**TO: Memphis & Shelby County Health Department**

**Air Pollution Control**

**814 Jefferson**

**Memphis, TN 38105**

**PHONE: (901) 544-7349**

**FAX: (901) 544-7310**

**FROM: Contact:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**FACILITY DESCRIPTION:**

**Building Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Site Location:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **COMPLETION DATE:** \_\_\_\_\_

**TYPE OF ASBESTOS TO BE REMOVED (check all that apply)**

☐ Regulated ACM      ☐ Category I ACM      ☐ Category II ACM

**DESCRIPTION OF WORK PRACTICES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LANDFILL** \_\_\_\_\_

**AMOUNT OF ASBESTOS MATERIAL TO BE REMOVED** \_\_\_\_\_

**OWNER/CONSULTANT:** \_\_\_\_\_

(Print Name)

\_\_\_\_\_  
**DATE:** \_\_\_\_\_

(SIGNATURE of Owner/Operator)